

Swing-bed, Acute Hospital

A qualified hospital may bill for temporary swing-bed services when a recipient in an acute bed no longer meets acute criterion, but requires nursing facility care and cannot be admitted into a nursing facility unit because there are no beds available.

[Medicaid Services Manual, Chapter 200](#) provides Nevada Medicaid policy for swing-bed services in Section 203.3.

This includes:

- Coverage and limitations
- Provider responsibilities
- Authorization process

Covered services

Swing-bed acute hospitals may bill **nursing services and accommodations** using revenue code 0550. Services must be provided in a hospital or nursing facility site.

Prior authorization requirements

Prior authorization is required for all swing-bed stays. Submit [form FA-8](#) and indicate that this is a request for Swing Bed service in the Clinical Information section of the form.

Prior to transferring a recipient from a swing bed to a nursing facility bed within the hospital or to another nursing facility bed, the hospital must obtain both a **Pre-Admission and Resident Review (PASRR)** screening (use [form FA-18](#)) and Nursing Facility **Level of Care (LOC)** screening (use [form FA-19](#)). These screenings ensure that the recipient meets Medicaid's nursing facility placement criteria.

See [MSM Chapter 200](#) for policy on concurrent and retrospective reviews.

Special billing instructions

Use **Type of Bill** code 0281 in Field 4 on the UB claim form.

Stays **under 30 days** may be billed immediately following discharge. Stays over 30 days should be billed monthly.

Bill ancillary services for swing beds under provider type 12 (Hospital, Outpatient).

Rates

A **per diem** rate has been established for provider type 44. Rate information is posted online at <http://dhcfp.nv.gov> on the Rates Unit webpage.